



# *Quality Advisory*

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## **The Quality Initiative: A Public Resource on Hospital Performance**

### **Launch of Clinical Web Site**

#### **Overview**

On October 9, the American Hospital Association (AHA), the American Association of Medical Colleges (AAMC) and the Federation of American Hospitals (FAH) will announce an important next step for The Quality Initiative: A Public Resource on Hospital Performance – an on-line directory of participating hospitals and their information hosted on the Centers for Medicare & Medicaid Services (CMS) Web site.

This advisory is an update to prepare your hospital for this first display of data. You may want to consider bringing media in proactively to explain how the information will be presented, what the initiative means for your community and why you are or are not participating. At the end of the advisory, you will find talking points and frequently asked questions that may be helpful in these discussions, as well as discussions with your staff and community.

We encourage you to share the advisory with:

- ✓ Your medical director
- ✓ Your medical executive committee
- ✓ Your medical staff
- ✓ The hospital's governing board
- ✓ The director of nursing services
- ✓ The head of media relations
- ✓ The leaders of your quality improvement activities
- ✓ Your risk manager

## **Background—How the Program Works**

On December 12, 2002, leaders of the AHA, AAMC and FAH – with the support of the U.S. Department of Health and Human Services (HHS) and its Centers for Medicare and Medicaid Services (CMS), the Agency for Healthcare Research and Quality (AHRQ), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Quality Forum (NQF), the AFL-CIO and the AARP – announced efforts to create a more unified approach to collecting hospital performance data and sharing that information with the public.

The collaborative effort initially focuses on hospital performance on 10 quality measures for three medical conditions—acute myocardial infarction, heart failure and pneumonia—for all adult patients. These 10 measures are common to the JCAHO’s ORYX program and the CMS’ 7<sup>th</sup> statement of work. They also have been endorsed by the NQF as national standards of hospital quality measurement. Because these initial measures are acute care measures, rehabilitation and psychiatric facilities and children’s and long-term care hospitals are not included in the Web site information display.

Since the initiative was first opened to hospital enrollment in May, nearly 1,700 hospitals have signed up to share their information with the public. Participating hospitals’ third- and/or fourth-quarter 2002 data has been validated and is ready for display on the CMS Web site, [www.cms.hhs.gov](http://www.cms.hhs.gov). (The data for roughly 460 hospitals will be included in the initial display. Most of the remaining hospitals pledged to report their data in the future or signed up after the deadline for the first Web site posting. There also were technical difficulties – beyond hospitals’ control – that prevented some data from being displayed.) At this point, the information is formatted primarily for clinicians, rather than the general public; however, anyone can view the information, and members of the public who look at the data will be encouraged to discuss its significance with their caregiver.

The Web site takes users through three steps that determine how the information is presented. First, users are instructed to select a state or territory. Next, they have the option of viewing the results of the entire state, selecting a city provided in a drop-menu or typing in a specific hospital name. The final step allows users to select the quality measures they would like to view (all measures may be selected) and the hospitals for which they would like to view data (all hospitals may be selected).

From here, users are taken to a display page that is divided into three tables, each representing one of the three conditions for which care is currently being measured. Within each table are the hospital name(s) and their individual performance for that measure.

Participating hospitals for which data are not yet available will have one of three footnotes next to their information: “The number of cases does not allow reporting with statistical significance;” “This hospital has agreed to report data for this measure in the future;” and “This hospital submitted data for inclusion in this posting, but due to technical difficulties beyond the hospital’s control, the data cannot be displayed. Data for this hospital will be displayed in future postings.”

## **Next Steps**

The initial posting includes data from approximately 460 hospitals, and we expect a significant increase as we move forward. The next posting of data to CMS' Web site is expected to take place in February of 2004; again, the information posted at that time will be intended primarily for clinical use, and a consumer-oriented Web site will be developed at a later time. The deadline for submitting first- and second-quarter-2003 data to be included in the next display is November 15, 2003. Contact your QIO for more information about how to transmit these data to CMS.

The second phase of the initiative will incorporate results from a patient experience of care survey, known as Hospital CAHPS or HCAHPS, currently being developed by AHRQ and CMS. Phase three will add new quality measures that will be determined jointly by the several organizations working on the initiative.

## **An Important Note for Quality Initiative Participants**

The Quality Initiative is a voluntary, nonprofit effort to build a permanent public resource on hospital performance. For the initiative to succeed, it is vital that we maintain credibility with the public, the media and others.

Because the initial information displayed on the CMS Web site is very limited in the number of both participants and quality measures, we encourage you to focus on educating key publics about your participation and about the future of the initiative. Target audiences would include your board, medical staff, employees, volunteers, community leaders and the reporters who cover health care and your hospital, and we encourage you to engage them on a regular basis.

The partner organizations believe the initiative will be more successful and credible as a public resource over time if participants publicize their own information and refrain from direct comparisons with others for marketing and promotion purposes.

The Quality Initiative is distinct from commercial ratings and reporting services because it is conceived as a public resource, conducted in conjunction with the federal government and undertaken voluntarily by hospitals in the public interest. These distinctions reflect the values of the nation's hospitals and should be maintained.

## **Contact Information**

We will continue to update you on the Quality Initiative via periodic *Quality Advisories*. If you have questions about the pledge form or have other administrative questions, please call AHA member relations at (800) 424-4301.

If you have technical or policy-related questions, please call:

- At AHA: Nancy Foster, senior associate director for policy, (202) 626-2337.
- At AAMC: Jennifer Faerberg, health care quality liaison, at (202) 862-6221.
- At FAH: Susan Van Gelder, senior vice president, strategic policy at (202) 624-1528.

## Talking Points

- **[HOSPITAL NAME]** is proud to be a part of the Quality Initiative. Today marks an important first step in bringing our patients and our community information on the quality of care we provide.
- We're proud of the work we do and want **[COMMUNITY]** to be able to see our record.
- Our ultimate goal is to develop an important learning tool for patients as they discuss treatments and procedures with their caregivers and for hospitals as they work to advance the quality of care provided in America.
- What you see on the Web site initially is clinical and fairly technical, but it's an important first step. As this initiative grows, more consumer-focused measures will be added – for example, the next phase will display information on patient opinions of the care they received, ranging from how comfortable the hospital stay was to how helpful and understandable recovery instructions were. We are working to make this information available to the public by next summer.

## Frequently Asked Questions

### **1. What will your hospital do with this info?**

This is the first time hospitals from across the nation are looking at the same measures – in essence, now we’re all working from the same page. This initial site is clinical – seeing what others are doing will help us improve the work we do every day. We’re also excited to share this information with our community. We have a strong sense of accountability to those we serve and a commitment to helping them make informed decisions about their care.

### **2. How can the public use this data? How is it helpful?**

At this point, the information available is very clinical. This is the first step in developing a quality initiative that can be targeted to consumers. Over time, more information will be available that will help consumers make more informed decisions. This first set of data is based on measures everyone agrees are valid, scientifically appropriate for care and adjusted for differences in patient types and mix.

OR

At this point, the information is most helpful to hospitals and clinicians as they use it to improve the work they do every day. Over time, even more information will be available – including responses from a patient survey and other measures to help consumers make more informed decisions.

### **3. Why is there missing data?**

We’re early in the process, and there will be some glitches with the information flow process. There are also hospitals with lower patient populations whose data cannot statistically be measured for these initial criteria. Still, they have a strong commitment to the Quality Initiative, and as the project grows, their information will be included.

### **4. How will hospitals decide on new measures? When will those be added?**

Deciding what new measures to add will be a collaborative process, one that will involve input from consumers, purchasers, quality experts, clinicians and others. We will use the independent Institute of Medicine’s (IOM) list of 20 priority conditions as a starting point for these discussions. Soon, information will be available on patients’ perceptions of the care they received while in the hospital – including how comfortable they were during their hospital stay and how well they understood their recovery instructions.

### **5. Why don’t hospitals already report this info to the public?**

Hospitals and health care systems have long been committed to providing patients and their families with helpful, relevant information about their care – but there have been many barriers to collecting and sharing this information. Until now, there was no consensus on what data to collect or a common framework for collecting data consistently and uniformly. The Quality Initiative marks a first step toward creating such a framework and making meaningful, reliable information about hospital quality available to the public.

**6. How long will this take to implement? Will they do it in stages?**

We want to be sure the information the initiative provides is scientifically valid and useful to as many as possible – from consumers to clinicians to purchasers to quality experts. The Web site is an important step, but we have more work to do. With a guiding framework, additional measures will be added as the initiative progresses. This is a growing process, one we will continue to build upon.

**7. Why so few measures?**

The initial measures are those approved in common by JCAHO, the NQF and CMS. It's important to state that we're starting with 10 measures for three conditions but will expand until we have a robust set of measures and a survey of how patients viewed their care.

**8. Will you do rankings of hospitals based on this? Will you release information about who participates and who doesn't?**

The data will be shared with consumers as reported. This is about helping patients, families and caregivers choose care that's best for them. All participating hospitals will be listed on a Web site. Those who choose not to participate will not be listed.

**9. Will this highlight "best hospitals" or "best practices"? Is this akin to a US News and World Report ranking of hospitals? Are you trying to take on Healthgrades.com?**

This initiative will not provide rankings; rather, it will provide patients with additional, helpful information as they make health care decisions. Patients can compare hospital methods of treatment for 10 measures of three key medical conditions – heart attack, heart failure and pneumonia.

**10. Where is patient safety in this?**

We're starting with basic measures for three key conditions and will build on this work. We know the public wants information on safety, and that's a direction we plan to go.

**11. Is the Leapfrog Group a part of this effort? If not, why not – is this the hospital field's way of circumventing Leapfrog?**

We have included the Leapfrog Group in discussions and will continue to do so in the future. We initially started with hospitals, government and accrediting organizations – groups that had the initial data and information needed to get this effort off the ground. We have already added consumer groups, and as we build, we will further broaden the scope of this effort.